FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300003568

1. Corporation Name

THE JERUSALEM GROUP THEATRE, INC.

Principal	Place of	f Business

Mailing Address

3341 PINE HILL TRAIL PALM BEACH GARDENS FL 33418

2. Principal Place of Business

90 EAST STREET HICKSVILLE NY 11801

2a. Mailing Address

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90229 010 ****70.00

|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

21		26				08/05/1993			
Suite, Apt.					4. FEI Number	Apr	olied For		
22	27					13-3677147	Not	Applicable	
City & Stat						\$8.75 Additi			
23	28				5. Certificate of Status Desired Fee F				
Zip	Country Zip Cou			intry		6. Election Campaign Financing \$5.00 May Be			
24	25 29 30					Trust Fund Contribution	Added to		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
				81	Name				
BLUMENT	HAL, STEVEN W			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		· ;	
307 EAGLETON ESTATES DR.					· .	<u> </u>	. ,		
PALM BEACH GARDENS FL 33418			83		1		` ' ' '		
				84	City		85 Zip C	ode	
			_		•	F			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the a	bove-	named corpo	oration submits this statement for the purpose	of changing its i pointment as rec	registered (
agent. I a	m familiar with, and accept the obligation	ions of, Section 617.0503 5	ากida Stat	utes.	10 001p0101001	n's board of directors. I hereby accept the apo	•	ĺ	
CICHATURE		į į					<u> </u>	{	
			TE: Registered	Agent:	signature required	when reinstating) 1 TE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		D DIRECTORS		7		ADDITIONS/CHANGES TO OTT CERTO	Change	Addition	
TITLE	p ·	C) ocreic	1,1 TI	-					
NAME	JACOBSON, ALAN		1.2 N			e de la companya de	•		
STREET ADDRESS		140	1		ADDRESS	ii.		1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	DELETE		TY-ST-	ZIP	als.	☐ Change	Addition	
TITLE	S NECESSARIAN NATIONAL	LJ DECETE	2,1 Π			_	crange	, , , , , , , , , , , , , , , , , , , ,	
NAME	JACOBSON, MELISSA		2.2 N			∬* 4•	. ;		
STREET ADDRESS		140			ADDRESS	1		ł	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	DELETE	2.4 C	ITY-ST	-ZIP	. 4- 1	☐ Change	Addition	
TITLE	VP	U DELETE							
NAME	STEINBERG, FRED		3.2 N						
STREET ADORESS					ADDRESS]	
CITY-ST-ZIP	WANTAGH NY 11793	□ DELETE	3.4. C	TITY-ST	-ZIP		Change	☐ Addition	
TITLE			4.1 II 4.2 N				_ 3		
NAME					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		□ OELETE	4.4 CI 5.1 TI	TY-ST-	ZIF	-	Change	Addition	
NAME			5.2 N					_	
STREET ADDRESS			5.3 S	TREET	ADDRESS			}	
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI				Change	Addition	
NAME			6.2 N	AMÉ			_ •	{	
STREET ADDRESS			6.3 S	TREET	ADDRESS	•		. }	
CITY-ST-ZID	1			TY-ST-					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with anyaddress, with all other like empowered.

SIGNATURE:

PEPOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(5/6) 827 - 430

SR2E037 (11/98)